Out of Warranty/New Replacement Audio System Component Repair Form

Technician: Complete the following items. Your Initials: _____

Dealer Number	Date Vehicle Sold	Repair Order Number	Repair Order Date	Mileage	Vehicle Identification Number

Customer Complaint

_____

- Could the customer duplicate the problem? ☐ yes ☐ no Is this a *repeat* complaint? (Same problem on a replacement unit?) ☐ yes ☐ no
- Where is the problem? (Mark all that apply.) ☐ AM (List stations in Comments.) ☐ FM (List stations in Comments.) ☐ Tape ☐ CD
- Other accessories (Enter "H" if Honda, "X" if not.) ___ Tape player ___ CD player ___ CD changer ___ Phone ___ Security
- How long after purchase did the problem begin? _____ days / months / years (Circle one.)

Conditions

When: ☐ Always ☐ Sometimes ☐ After using for ____ minutes or ____ hour(s)
Where: ☐ Anywhere ☐ Country ☐ City ☐ Other location (List in Comments.)
Weather: ☐ All weather ☐ Dry ☐ Humid ☐ Raining Outside temperature: ____°F
Driving: ☐ Stopped ☐ Moving ☐ Both
Engine: ☐ Running ☐ Off ☐ Both ☐ **Other conditions:** (List in Comments.)

Check for

- Long tape (more than 100 minutes)
- Damaged tape or peeling label
- Scratched disc
- Tape player performance (Use Audio Test Tape P/N 07908-A01020A.)

Technician: Mark all that apply. Could you duplicate the problem? ☐ Yes ☐ No Your Initials: _____

☐ Shared Functions

Symptoms

- ☐ No sound
  - ☐ Noise/static
    - ☐ Sound distorted
      - ☐ Left Front
      - ☐ Right Front
      - ☐ Left Rear
      - ☐ Right Rear
      - ☐ All speakers
      - ☐ Other location: (List in Comments.)
- ☐ No digital display
- ☐ No illumination
- ☐ No power
- ☐ Will not accept anti-theft code:

  __ __ __ __ __
  (Enter the code you tried.)
- ☐ Other: (List in Comments.)

Check for

- Blown fuses (CLOCK and RADIO)
- Faulty speaker or wires (Use the Audio System Analyzer and adapters.)

☐ Radio

Symptoms

- ☐ Fades in and out
- ☐ Cuts in and out
- ☐ Noisy
- ☐ Sound distorted
- ☐ Weak sound
- ☐ No sound
- ☐ Electrical noise
  - ☐ from engine
  - ☐ from other source (List in Comments.)
- ☐ Other: (List in Comments.)

Conditions

Mode:
- ☐ AM only
- ☐ FM only
- ☐ AM and FM

Stations:
- ☐ All stations
- ☐ Weak stations
- ☐ Strong stations

Check for

Antenna continuity
- Mast
- Mast tube
- Ground
- Cable

Antenna cable connections:
- At the antenna
- At the radio

☐ Tape Player

Symptoms

- ☐ No eject/tape jammed
- ☐ Eats/damages tapes
- ☐ No loading
- ☐ No play
- ☐ No sound
- ☐ Ejects while playing
- ☐ Keeps ejecting
- ☐ Sound muffled
- ☐ Plays too fast
- ☐ Plays too slowly
- ☐ Keeps changing sides
- ☐ Other: (List in Comments.)

Conditions

- ☐ All tapes
- ☐ Specific tape: Length: ____ minutes

Check for

- Long tape (more than 100 minutes)
- Damaged tape or label peeling off
- Dirty head (Clean it and try again.)
- Performance (Use test tape P/N 07908-A01020A.)

☐ CD Player

Symptoms

- ☐ Error code: _____ Code displayed
- ☐ No eject
- ☐ No loading
- ☐ Ejects while playing
- ☐ Keeps ejecting
- ☐ No play
- ☐ No sound
- ☐ Skips
  - ☐ Over bumps
  - ☐ All the time
- ☐ Other: (List in Comments.)

Conditions

- ☐ All discs
- ☐ Specific disc:

  #_____
  Position in magazine

Check for

- Scratched disc (Damaged disc can cause skipping and no play.)
- Improper installation
  - – Springs in wrong direction
  - – Shipping screw(s) not removed

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Out of Warranty/New Replacement
Audio System Component Repair Form

Comments (List "Other" Symptoms and Conditions here.)

Parts Manager: Complete the information below, and follow the instructions.

Payment Options (for out-of-warranty repairs; see S/B 06-001 for supplier information)

☐ **Check number** _____
Must enclose check with unit when sending to supplier for repair.

☐ **Credit card*** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Exp date: _____
☐ **M/C**
☐ **VISA**
Signature is required to authorize charge to cardholder.
Name (Print) _____
Signature _____
Phone _____

Authorized charge amount
$ _____

*Suppliers accept MasterCard and Visa. If paying by credit card, all information requested above must be completed.

Warranty Claim Number **	Faulty Unit Part Number	Serial Number	Replacement Unit Part Number **	Serial Number **

- Make two copies of this completed form. Attach the original (Dealer Copy) to the hard copy of the repair order.
- **New Replacement:** Pack one copy of this completed form and a copy of the warranty claim in the box with the faulty unit.
- **Out of Warranty:** Pack one copy of this completed form in the box with the faulty unit **when sending to the supplier for repair.**

**This information is required if it is a new audio unit replacement.

☐ Manufacturer Copy ☐ Dealer Copy